2000 SCIENCE BOWL REGISTRATION FORM

School			Phone		Fax		
School Address			City		State Zip		
Principal	E-Mail Address						
TEAM MEMBERS:							
1. Name			(Nickname)_		SSN		
Address			City		State	Zip_	
Home Phone		DOB		_Grade	Sex:	M	F
Citizenship: U.S	Other (Country)_						
2. Name			(Nickname)		SSN		
Address			City		State	_Zip_	
Home Phone		DOB		_Grade	Sex:	M	F
Citizenship: U.S	_Other (Country)						
3. Name			(Nickname)		SSN_		
Address			City		State	_Zip_	
Home Phone		DOB		_Grade	Sex:	M	F
Citizenship: U.S	_Other (Country)						
4. Name			(Nickname)		SSN		
Address			City		State	_Zip_	
Home Phone					Sex:	M	F
Citizenship: U.S	_Other (Country)						
ALTERNATE:							
5. Name							
Address			City		State	_Zip_	
Home Phone					Sex:	M	F
Citizenship: U.S	_Other (Country)						
COACH:							
Name			(Nickname)_		SSN		
Address			City		State	_Zip_	
AddressHome Phone		DOB		_Sex: M F			
Citizenship: U.S	_Other (Country)						
Coaches Signature Local Newspaper				E-Mail			
Local Newspaper			Phone_		Fax		

ONLY THOSE STUDENTS LISTED ABOVE ARE ELIGIBLE TO COMPETE ON YOUR SCHOOL'S TEAM